

THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network
DHHS.Health.Alert@dhhs.nh.gov
March 10, 2025, 1330 EDT (1:30 PM EDT)
NH-HAN 202503101



Measles Increasing Nationally

Key Points and Recommendations:

1. Review the attached [CDC HAN](#) about measles increasing nationally, including a large outbreak in [Texas](#) and [New Mexico](#) that has resulted in at least 228 infections with two deaths.
2. Recommend MMR vaccination per [ACIP guidelines](#), and address patient or parent/guardian concerns.
 - MMR vaccine is given as a 2-dose series for children with the first and second doses given between 12-15 months and 4-6 years of age, respectively.
 - Infants 6-11 months of age who may be traveling internationally can receive an early vaccine dose before travel, but the child will need to be re-vaccinated with a 2-dose series starting at 12-15 months of age.
3. Consider measles in persons presenting with a compatible clinical syndrome of fever, cough, conjunctivitis, and coryza (the three "C"s), followed by development of a maculopapular rash, especially if there has been potential exposure or travel to [areas in the U.S.](#) or internationally with measles transmission.
4. Test for measles by submitting the following specimens to the NH Public Health Laboratories:
 - Oropharyngeal, nasopharyngeal, or nasal swab for polymerase chain reaction (PCR)
 - Serum for measles virus IgM antibody
5. Manage patients with suspect measles under airborne infection isolation, and immediately report to the NH Division of Public Health Services (DPHS) at 603-271-4496 (after hours call 603-271-5300 and request the Public Health Nurse on-call).

Additional Information:

Measles was declared eliminated in the United States in 2000, but due to low vaccination rates in some communities, measles has been increasing in the U.S. New Hampshire experienced a small [outbreak of measles](#) in July 2024 after introduction of the virus by an international traveler. Historically New Hampshire has benefited from high vaccination rates, but over the last several years vaccine exemptions have slowly increased for children in kindergarten from 2.7% during the 2020-21 school year (religious and medical exemptions combined) to 4.1% during the 2024-25 school year. Currently, 89.2% of all New Hampshire children enrolled in kindergarten are up-to-date on receiving ALL required vaccines. DPHS is not able to separate out vaccination rates for specific vaccines, and while kindergarten vaccination rates for the MMR vaccine is likely higher than 89.2%, the exact number is not known. For more information about vaccination rates in schools and child care agencies, please review the following:

- [Annual School Immunization Reports](#)
- [Annual Child Care Immunization Reports](#)

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:00 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov or visit www.nhhan.org.

Status: Actual
Message Type: Alert
Severity: Moderate
Sensitivity: Not Sensitive
Message Identifier: NH-HAN 202503101
Delivery Time: 12 hours
Acknowledgement: No
Distribution Method: Email, Fax
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospitals, Hospital CEOs, Hospital Emergency Departments, EMS, Nurses, NHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS, Dialysis & Transplant Clinics, STD Clinics, Immunization Practices, Travel Centers, Influenza Sentinels, Urgent Care Centers, Ambulatory Surgical Centers, Walk-in Clinics, Poison Center, Alcohol and Other Drug Treatment Centers, Long-Term Care Facilities, Community Mental Health Centers, Health Departments, Internal Medicine, Occupational Health, Gastroenterology, Schools and Daycare Providers, Regional Public Health Networks, Environmental Services, Family Planning Programs, Department of Corrections, Home Care Providers, Local and State Partners, Area Agencies

From: Benjamin P. Chan, MD, MPH, State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments:

CDC HAN: Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season

Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season



Distributed via the CDC Health Alert Network
March 7, 2025, 2:00 PM ET
CDCHAN-00522

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians, public health officials, and potential travelers about a measles outbreak in [Texas](#) and [New Mexico](#) and offer guidance for prevention and monitoring. As of March 7, 2025, Texas and New Mexico have reported 208 confirmed cases associated with this outbreak (198 in [Texas](#) and 10 in [New Mexico](#)). As a part of this outbreak, two deaths have been reported: one in [Texas](#) and one in [New Mexico](#). More cases are expected as this outbreak continues to expand rapidly.

With spring and summer travel season approaching in the United States, CDC emphasizes the important role that clinicians and public health officials play in preventing the spread of measles. They should be vigilant for cases of febrile rash illness that meet the measles [case definition](#) and share effective measles prevention strategies, including vaccination guidance for international travelers.

The risk for widespread measles in the United States remains low due to robust U.S. immunization and surveillance programs and outbreak response capacity supported by federal, state, tribal, local, and territorial health partners. **[Measles-mumps-rubella \(MMR\) vaccination remains the most important tool for preventing measles.](#)** To prevent measles infection and spread from imported cases, all U.S. residents should be up to date on their MMR vaccinations, especially before traveling internationally, regardless of the destination.

Background

As of March 6, 2025, a total of [222 measles cases](#) have been reported by twelve U.S. jurisdictions this year: Alaska, California, Florida, Georgia, Kentucky, New Jersey, New Mexico, New York City,

Pennsylvania, Rhode Island, Texas, and Washington; 201 of which occurred in New Mexico and Texas. Most of the 222 cases are among children who had not received the MMR vaccine. There have been three outbreaks, with an outbreak defined as three or more related cases, reported in 2025, and 93% of cases are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases were outbreak-associated.

[Measles](#) is a highly contagious viral illness that typically begins with fever, cough, coryza (runny nose), and conjunctivitis (pink eye), lasting 2-4 days prior to [rash](#) onset. Measles can cause severe health complications, including pneumonia, encephalitis (inflammation of the brain), and death. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air and on surfaces for up to 2 hours after an infected person leaves an area.

Infected people are contagious from 4 days before the rash starts through 4 days afterward. The incubation period for measles, from exposure to fever, is usually about 7–10 days, and from exposure to rash onset is usually about 10–14 days (with a range of 7 to 21 days).

Recommendations for Healthcare Professionals

- Ensure all patients without other evidence of immunity, especially those planning international travel, are up to date on [MMR vaccine](#) per routine ACIP recommendations:
 - Children are recommended to receive 2 doses of MMR. The first dose is given at 12–15 months of age and the second is given at 4–6 years of age before school entry.
 - Infants 6 months of age or older can receive MMR prior to international travel or in outbreak settings (see below). MMR is not licensed for children <6 months of age.
 - Adults not at high risk of exposure are recommended to have at least 1 documented dose of MMR in their lifetime, or other evidence of immunity (e.g., positive measles immunoglobulin G (IgG)). Adults at [high exposure risk](#), including students at post-secondary institutions, healthcare workers, and international travelers, should have two documented doses.
- Ensure patients who reside in areas with an ongoing measles outbreak follow state and local guidance. [Texas Department of State Health Services \(DSHS\)](#) has issued the following recommendations for the affected counties in Texas:
 - Infants 6 through 11 months receive an early dose of MMR vaccine (i.e., infant dose). Subsequent doses should follow CDC’s recommended childhood schedule:
 - Another dose at 12 through 15 months of age.
 - A final dose at 4 through 6 years of age.
 - Children older than 12 months who have not been vaccinated should receive one dose immediately and follow with a second dose at least 28 days after the first. Children older than 12 months with one prior dose should receive an early second dose of MMR vaccine separated by at least 28 days.

- Teenagers and adults previously vaccinated with one dose of MMR vaccine should receive a second dose. Those with no [evidence of immunity](#) should receive one dose of MMR vaccine immediately and follow with a second dose at least 28 days later.
- Ensure all U.S. residents older than age 6 months without [evidence of immunity](#) who are [traveling internationally](#) receive MMR vaccine prior to departure:
 - Infants 6 through 11 months of age should receive one dose of MMR vaccine before departure. Infants who receive a dose of MMR vaccine before their first birthday should receive 2 more doses of MMR vaccine; the first of which should be administered when the child is 12 through 15 months of age and the second at least 28 days later (generally at age 4-6 years of age but can be administered sooner if indicated).
 - Children 12 months of age or older should receive two doses of MMR vaccine, separated by at least 28 days.
 - Teenagers and adults without evidence of measles immunity should receive two doses of MMR vaccine separated by at least 28 days.
- Be aware that some patients may develop a mild rash reaction in the 3 weeks following MMR vaccination. This does not typically require testing or public health intervention since a person with a rash due to a vaccine reaction is not infectious. If a symptomatic person who has been recently vaccinated also has a known or suspected measles exposure, consultation and additional testing may be required from the local or state health department to evaluate for acute measles.
- Consider measles as a diagnosis in anyone with fever ($\geq 101^{\circ}\text{F}$ or 38.3°C) and a generalized maculopapular rash with cough, coryza, or conjunctivitis who has recently traveled internationally, or domestically to a region with a [known measles outbreak](#), or has other known or suspected exposure to measles.
- If you suspect measles:
 - **Isolate:**
 - [Isolate patients with suspected measles immediately](#), ideally in a single-patient airborne infection isolation room (AIIR), or in a private room with a closed door until an AIIR is available. Patients with suspected measles should not remain in the waiting room or other common areas of a healthcare facility
 - [Protect healthcare providers](#) against measles by adhering to Standard and airborne precautions when evaluating confirmed or suspect cases, regardless of their vaccination status. Healthcare providers without presumptive evidence of measles immunity who are exposed to measles should be excluded from work from day 5 after the first exposure until day 21 following their last exposure and offered post-exposure prophylaxis, as appropriate.

- Healthcare systems should ensure all healthcare providers have presumptive evidence of immunity to measles, ensure they can rapidly retrieve healthcare provider immunization status in case of exposures and offer postexposure prophylaxis when indicated.
 - Offer measles testing outside of facilities to avoid possible transmission in healthcare settings. Call ahead to ensure immediate isolation for patients referred to hospitals for a higher level of care.
- **Notify:** Immediately notify state, tribal, local, or territorial health departments ([24-hour Epi On Call contact list](#)) about any suspected case of measles to ensure rapid testing and investigation. States report measles cases to CDC.
- **Test:** [Laboratory confirmation](#) should be pursued for all patients with suspected measles. CDC recommends collecting either a nasopharyngeal (NP) swab or throat (OP) swab for reverse transcription polymerase chain reaction (RT-PCR) testing as well as a blood specimen for serology testing from all patients with clinical features compatible with measles. Collecting a urine specimen along with an NP/OP swab may improve sensitivity of testing.
- **Manage:**
 - [Post-exposure prophylaxis \(PEP\)](#): In coordination with local or state health departments, provide appropriate measles PEP to close contacts without evidence of immunity, as soon as possible after exposure, either with MMR vaccine (within 72 hours) or immunoglobulin (within 6 days). The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination.
 - **Supportive care:** There is no specific antiviral therapy for measles. Medical care is supportive to help relieve symptoms and address complications such as pneumonia and secondary bacterial infections. Consistent with guidance from the [American Academy of Pediatrics](#), [vitamin A](#) may be administered to infants and children in the United States with measles as part of supportive management. Children with severe measles, such as those who are hospitalized, should be managed with vitamin A. Vitamin A should be administered under the supervision of a healthcare provider and is not a substitute for vaccination. [Overuse of Vitamin A can lead to toxicity](#) and cause damage to the liver, bones, central nervous system, and skin. Pregnant women should avoid taking high levels of vitamin A as it has been [linked to severe birth defects](#).

Recommendations for State and Local Health Departments

State and local health departments have the lead in investigating measles cases and outbreaks.

- Report measles immediately (within 24 hours) to CDC (measlesreport@cdc.gov) and through the [National Notifiable Disease Surveillance System \(NNDSS\)](#). Measles is a nationally notifiable disease.
- Establish measles case reporting within hospitals and to public health authorities.
- Record and report details about cases of measles, including close contacts and locations visited while infectious (i.e. 4 days before and after rash onset).
- Conduct active surveillance for any additional cases and facilitate transportation of specimens immediately to confirm diagnosis if measles is identified.
- Enhance outreach and communications to under-vaccinated communities through trusted messengers.
- Consider utilizing state-based [syndromic surveillance](#) to monitor for changes with healthcare seeking behavior for febrile rash illness or vitamin A toxicity.

Recommendations for Domestic Travelers to Outbreak Areas and International Travelers

- Talk to your doctor about the MMR vaccine, especially if you or your child plan to travel to an area with an ongoing outbreak or internationally. Two doses of MMR vaccine provide better protection (97%) against measles than one dose (93%).
- Check your [destination](#) and CDC's [Global Measles Travel Health Notice](#) for more travel health advice if you plan to travel internationally, including countries measles outbreaks have been reported.
- After domestic travel to an area with an ongoing outbreak or international travel, watch for signs and symptoms of measles for 3 weeks after returning to the United States. If you or your child gets sick with a rash and a high fever, call your healthcare provider. Tell them you traveled to an area where they identified measles or another country and whether you or your child had received MMR vaccine.

For More Information

- [Clinical Overview of Measles | Measles \(Rubeola\) | CDC](#)
- [Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC](#)
- [Chapter 7: Measles | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)
- [Rubeola / Measles | CDC Yellow Book 2024](#)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

Department of Health and Human Services

HAN Message Types

- **Health Alert:** Conveys the highest level of importance about a public health incident.
- **Health Advisory:** Provides important information about a public health incident.
- **Health Update:** Provides updated information about a public health incident.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###